

Military Health System Conference



January 24 – 27, 2011

Gaylord National Resort & Convention Center
National Harbor, MD

MHS Conference Breakout Tracks and Sessions

INTERNAL DRAFT November 12, 2010

Track Champions

Track	Champions	Action Officer
A: Long Term Strategies	Mr. Mike Fischetti Mr. Allen Middleton	Dr. Mike Dinneen
B: Developing the Healthcare Team	Ms. Rebecca Russell RDML William Kiser	ENS Jennifer Nestor
C: Meaningful Use of Health Information	Mr. George Chambers Ms. Maryann Rockey	Ms. Sharon Larson
D: Enabling Breakthrough Results Through Research and Rapid Innovation	BG Steven Jones Dr. Charles Rice	Dr. Terry Rauch
E: Readiness	BG Tom (Richard) Thomas MG Douglas Robb	CDR Tim Wolfkill
F: Building Resilience and Improving Psychological Health	Mr. Larry Sipos BG Rhonda Cornum	Col Nancy Dezell Lt Col Hans Ritschard
G: Engaging Patients in Healthy Behaviors	MG Kimberly Siniscalchi ADM Tom McGinnis	CDR Aileen Buckler
H: The Patient Centered Medical Home	RADM Matthew Nathan RADM Alton Stocks	Dr. John Kugler Dr. Kevin Dorrance
I: Experience of Care: Improving Quality and Safety	BG Mark A. Edinger RDML Colin Chinn	Ms. Lois Krysa
J: Effective Patient Handoffs	Dr. Jack Smith RADM Elizabeth Niemeyer	RANK Dave Tarentino Ms. Francine Forestell
K: Improving Effectiveness, Managing Per Capita Costs	Mr. Joe Marshall Dr. Pradeep Gidwani	Dr. Bob Opsut
L: TRICARE Contracts -- Now and in the Future	Mr. Mike O'Bar Mr. William Thresher	Ms. Martha Lupo Ms. Martha Taft

Track A: Long Term Strategies For Achieving the Quadruple Aim

Track Champions: Mr. Mike Fishetti & Mr. Allen Middleton

AO: Dr. Mike Dinneen

3

Track Description: This track will show how the MHS is turning strategy to action using performance based management. The MHS has developed the Strategic Imperatives as a way to focus efforts to transform health care delivery to achieve the quadruple aim. The first session will review the strategic imperatives and the measures the MHS is using to monitor success in reaching its goals. Subsequent sessions will review several strategic initiatives including efforts to align incentives with quality outcomes in the business planning/performance planning process. Finally, we will review early results from planning efforts for the next generation of TRICARE contracts.

#	Session Name
1a	The MHS as an Accountable Care Organization: Accountable to Whom and Accountable for What <i>The Accountable Care Organization (ACO) may be thought of as the town in which the Patient Centered Medical Home resides. The goal of an ACO is to deliver coordinated and efficient care across time and space. The MHS has a chance to both inform and learn from civilian ACOs.</i>
1b	MHS Strategic Imperatives: Concentrating everyone's efforts on what really matters
2	Pay for Performance: Lessons Learned <i>Moving away from pay for output or volume to pay for value has been challenging; early efforts to implement pay for performance have yielded mixed results. Professor Jon Gruber, a leading health care economist will discuss P4P and its application in civilian and military systems..</i>
3	Incentivizing Quadruple Aim Performance: Initial Results of the Performance Planning Pilots <i>Seven MTFs have embarked on a pilot effort to test a new approach to "business planning". The reimbursement method includes both incentives for quadruple aim performance and capitation for those sites with patient centered medical homes. The session will describe the design and process for developing performance plans.</i>
4a	BRAC Update Part One: Clinical and Facility Transformation in San Antonio and the National Capital Region
4b	BRAC Update Part Two: The Medical Education and Training Center and Combined MHS Headquarters

Track A: Long Term Strategies For Achieving the Quadruple Aim Continued

#	Session Name
5	Optimizing the Medical Supply Chain: The Medical Material Standardization Enterprise Office; Medical Materiel Standardization for Initial Outfitting and Transition for Walter Reed National Military Medical Center and Fort Belvoir Community Hospital (needs new title)
6	VA and DoD Operating as One: The James a Lovell Federal Health Care Facility – (Need Description)
7a	Agile procurement in a Resource Constrained Environment
7b	Paying for Value, and Other Innovations in Contracting/Acquisition: Combining Contracting Processes in the NCR as a Means of Cost Savings
8	Initial report for the T4 Study Group – What does the future hold for the MHS? <i>The MHS has recently assembled the TRICARE “Fourth Generation” (T4) Study Group to evaluate options and opportunities for the design of the future military healthcare delivery system to provide the best possible healthcare for military beneficiaries from 2015 onward. This is expected to be a multi-year effort, with first year focused on developing the academic foundation and strategy for a five year procurement cycle. This session will provide an overview of the group’s approach, initial findings, next steps and way-ahead for the MHS.</i>
9	DCoE or NCoE session?

Track B: Developing the Health Care Team
Track Champion: Ms. Rebecca Russell & RDML William Kiser
AO: ENS Jennifer Nestor

Track Description: Sessions will focus on ensuring a thorough understanding of human capital challenges and ways we can address those challenges. Because training our people is one of the best ways to recruit and retain the best, we will also focus on innovative education and training initiatives in use across the MHS and how those innovations are developing and retaining the right people.

#	Session Name
1	<p>Mental Health Staffing</p> <p>Where we were, where we are, and where we're going: <i>This panel will present background and update information on the Psychological health Risk Adjusted Model for Staffing and the DoD/Public Health Service (PHS) initiative bringing PHS mental health officers to the DoD. This will be followed by Guard and Service specific updates on current and future staffing plans and goals.</i></p>
2	<p>Human Capital Challenges: Developing the MHS Workforce to Meet 21st Century Challenges:</p> <p><i>To address issues that affect the entire MHS today and into the future. We will discuss the many challenges we face and the solutions available to mitigate some of those issues.</i></p>
3	<p>Care for the Caregiver: What works, what doesn't?:</p> <p><i>To Provide vital tips on how to take care of self while caring for others. Practical care techniques and how to minimize and manage compassion fatigue.</i></p>
4	<p>Tools for Data-Driven Human Capital Management</p> <p><i>Find out about what's happening with MHS and Service Human Capital Information Technology Tools. A panel of experts will share the latest updates on data systems for human resources management, e-learning, and workload forecasting/scheduling.</i></p>

Track B: Developing the Health Care Team Continued

#	Session Name
5	<p>Trust - The Piece that's Missing</p> <p><i>What improves the bottom line, makes processes faster and more efficient, drives down cost, causes employees to become engaged and improves customer satisfaction? Find out the myths, the truth, and where you stand. Discover your own beliefs and skills in creating the glue that holds everything together.</i></p>
6	The Future of Health Education: Major Curriculum Change
7	<p>Joint Enlisted Training Throughout DoD--the New Paradigm</p> <p><i>A panel presentation and discussion on the Medical Education & Training Campus (METC) State of the Present & Way Ahead. Result of BRAC legislation requiring the bulk of enlisted technical training in the Army, Air Force, and Navy to be co-located to Fort Sam Houston, Texas and consolidated as much as possible. METC is a DoD integrated campus under a single university-style administration, with more than 55 programs of study .</i></p>
8	<p>Hospital Corps University (HMU)</p> <p><i>From the Classroom to the Bedside. Managing a BEDSIDE training program that supports operational, inpatient and outpatient care, national standards for accreditation, patient safety goals, and personal readiness. Attendees will learn how Naval Hospital Jacksonville developed and implemented this program, its benefits, and how you can also.</i></p>
9	<p>Advances in Medical Simulation</p> <p><i>Advances and Assessment Methods for Simulation in Healthcare Education</i></p>

Track C: Meaningful Use of Health Information
Track Champions: Mr. George Chambers and Ms. Maryann Rockey
AO: Ms. Sharon Larson

Track Description: One of the President's goals is to improve the health and well-being of every American through the on-going use of health information technology. "Meaningful use" of an EHR is ultimately linked to achieving measurable outcomes in patient engagement, care coordination, and population health. Track sessions will address how to effectively use new MHS health information technology. Session participants will benefit from "meaningful use" strategies that enable MTF providers to achieve significant improvements in care giving, decision making and outcomes.

#	Session Name
1	<p>Harnessing the Power of AHLTA to achieve "Meaningful Use" by Improving the Provider Experience</p> <p><i>This panel will describe "Meaningful Use" and how it is being translated into the MHS environment today. The panel will describe near-term technical improvements to AHLTA as well as business process and training initiatives that are improving the MTF provider experience with AHLTA including MAPS and COMPASS.</i></p>
2	<p>Moving to the Patient-Centered Medical Home through the MHS Personal Health Portal</p> <p><i>This panel will describe Personal Health Portal capabilities available today and in the near term. The panel will then address the "game changing" aspects of Secure Messaging, Personal Health Records, and other soon-to-be available functionality.</i></p>
3	<p>Achieving "Meaningful Use" in and near the Theater</p> <p><i>This on-the-ground provider will describe his experiences of using information technology and business process transformation to improve the clinical care process and avoid costly evacuations, while accurately capturing workload.</i></p>
4	<p>Using our Data - Maximizing Clinical and Business Intelligence in the MHS</p> <p><i>Learn about the breadth and depth of business and clinical data that are available for analysis. Learn the best ways to use the tools available today and in the near future to improve population and individual clinical care, as well as health business and resource management.</i></p>

Track C: Meaningful Use of Health Information Continued

#	Session Name
5	Using our Data - Sharing Health Data to Benefit our Patients <i>Panel members will describe the breadth of DoD-VA sharing initiatives that contribute to a smooth transition between DoD and VA for patients families, and providers.</i>
6	Using our Data - Strategic Communication: Leveraging the Internet and Social Media <i>Learn about the changes, challenges, and solutions for communicating with beneficiaries and stakeholders.</i>
7	Big Things on the Horizon for the MHS Electronic Health Record and Communicating with Our Partners <i>Panel members will describe future plans for the MHS Electronic Health Record to benefit our patients and achieve meaningful use of our information technology. The presentation will describe the progress and future of President Obama's Virtual Lifetime Electronic Record (VLER) project and how it will affect attendees.</i>
8	Fusing technology tools, clinical workflow redesign, and team solutions to achieve the Patient Centered Medical Home <i>Learn how the European Regional Medical Command is taking a suite of information technology tools to the provider's desktop to improve satisfaction, productivity, and clinical care. Technology tools, workflow redesign, and team approaches that are being used to implement the Patient Centered Medical Home will be described.</i>
9	Improving the Patient/Provider Experiences with Smart Suite Technology to Achieve Meaningful Use <i>This session will describe the state-of-the-art smart room technology being built into the new hospital at Ft. Belvoir and how it will change the patient and provider experiences and contribute to meaningful use.</i>

Track D: Enabling Breakthrough Results through Research and Rapid Innovation

9

Track Champions: BG Steven Jones and TBD

AO: Dr. Terry Rauch

Track Description: Sustaining our mission success relies on our ability to adapt and grow in the face of a rapidly changing health and national security environment. Track sessions will focus on our education and research efforts that serve our unique military mission. We will reflect our success in anticipating and developing new solutions to meet the needs of our warfighters and in contributing to the health of society.

#	Session Name
1	DCoE: Tools You Can Use
2	Emerging Science in TBI Care: Diagnosis and Treatment Abstract: This session will review the new data and information that has become available over the last year that has influenced the Department's TBI screening, diagnosis and treatment programs. A review of the current Directive Type Memorandum (DTM) for concussion sustained in theater will be reviewed. Current research related to cumulative concussion and long term effects of concussion will be discussed.
3	Social Networking in the Combat Environment: A key to rapid, lifesaving innovation
4	Fostering innovation in polytrauma care and TBI management through focused innovation and research: The Richmond VA, Veterans Administration Medical Center Experience

Track D: Enabling Breakthrough Results through Research and Rapid Innovation
Continued

#	Session Name
5	Accelerating the Pace of Focused Research: The Combined IRB Process and other Advances in Research Support
6	Advances in Tissue Regeneration
7	National Intrepid Center of Excellence: Cutting Edge Multi-Disciplinary Care for the Traumatic Brain Injury Patient
8	Joint Research and Development in the NCR JOA/The Joint Pathology Center
9	The Innovation Investment Process: What we've done, where we are going

Track E: Readiness
Track Champions: MG Douglas Robb, BG Tom (Richard) Thomas
AO: CDR Tim Wolfkill

Track Description: Sessions will focus on maintaining an agile, fully deployable medical force and a health care delivery system so that we can provide state-of-the-art health services anywhere, any time. We use this medical capability to treat casualties and restore function and to support humanitarian assistance and disaster relief, building bridges to peace around the world.

Sessions will focus on initiatives that will improve our rates of individual deployability and mission readiness. This track should high-light how we partner with Service members to ensure they are medically ready at all time. And that throughout their military career, they participate in health assessment so that the Combatant Commanders have full visibility of the readiness status of their troops at all times.

#	Session Name
1a	Identifying and Managing Environmental Health Threats in the AOR
1b	H1N1 Preparedness and Recent Lessons Learned
2	Public Health Emergency Management within DoD
3	CAPITAL SHIELD: Medical Response Integration in the National Capital Region

Track E: Readiness Continued

#	Session Name
4a	Building Partnerships (as a Joint Capability Area)
4b	Medical Stability Operations
5	Coast Guard: Homeland Defense, Piracy and Humanitarian Assistance
6	Guard and Reserve Readiness and Operations Support
7a	Advances in first responder care - Lessons from the front lines
7b	Critical Advances in Wound Care for the Wounded Warrior
8	Humanitarian Care and Orthopedic Trauma in Haiti: USNS COMFORT
9	<p>A Warrior In Transition: A Four Year Case Study Update</p> <p><i>This “Medically Not Ready” case study reveals need for procedural culture change in support of today’s WW and his family, from the soldier and commander’s perspective, with lessons learned about cognitive dissonance, group think, and attribution theory. Board process review highlights this struggle to overcome pain and disability to remain on active duty.</i></p>

Track F: Building (and Re-building) Psychological Health
Track Champions: BG Rhonda Cornum and Mr. Larry Sipos
AO: Col Nancy Dezell, Lt Col Hans Ritschard

13

Track Description: Building psychological health should be analogous to building physical fitness. Well-being is more than just good health. Healthy behaviors contribute significantly to improving overall well-being and readiness in our military community. These sessions will focus on several of DoD's efforts, initiatives, and evidence-based best practices in building and responding to psychological health, highlighting successful collaboration with our VA partners to integrate mental health services.

#	Session Name
1	<p>Building Psychological Health—The Services' Perspectives on Resilience</p> <p><i>Building psychological health should be analogous to building physical fitness. At the end of this panel presentation, the participant will be able to describe current Service resilience building efforts and the responsibilities leaders have in building psychological health.</i></p>
2	<p>Palm Trees in the Storm: Building Resilience - Leadership Responsibilities (OSCAR Success)</p> <p><i>The Marine Corps OSCAR (Operational Stress Control and Readiness) Program pioneered the practice of embedding psychological health in operational units. This seminar will provide a senior leader's insights concerning the success of OSCAR specific to implementation and program evaluation. At the end of this block of instruction, the participant will understand the leader's responsibilities in building resilience and reasons for the Marines' success with OSCAR.</i></p>
3	<p>Understanding Well-being</p> <p><i>'Well-being' is more than just good health. At the end of this presentation, the participant will be able to explain how understanding the science of wellbeing will assist healthcare professionals be more successful leaders.</i></p>
4	<p>Keeping Tabs: DoD's Response to Psychological Risks – Lessons Learned from Health Assessments</p> <p><i>Over the past 8-10 years, the DoD administered a deployment health assessment program to Service members. This program will be comprised of 3 shorter presentations: lessons learned from the data collected to date; how family readiness can best be assessed; and how the new DoD mental health assessments will be incorporated into the deployment health assessment program.</i></p>

Track F: Building (and Re-building) Psychological Health Continued

#	Session Name
5	<p>Putting it All Together: The DoD/VA Integrated Mental Health Strategy</p> <p><i>Coordination is key to success! DoD and the VA collaborated on 28 strategic actions in 4 strategic areas to develop an Integrated Mental Health Strategy. At the end of this seminar, the participant will understand the new DoD/VA Integrated Mental Health Strategy, its implementation, impact and way ahead.</i></p>
6	<p>Coming Soon to an MTF Near You: Psychological Health Policy Initiatives</p> <p><i>Two new DoD psychological health policy initiatives will be discussed: A new requirement for disaster response mental health teams at DoD installations; and a new policy establishing Directors of Psychological Health at DoD, Service, and installation levels. At the end of this discussion, participants will understand the impact of current/future MHS psychological health policy initiatives</i></p>
7	<p>DoD's Response When Psychological Health is Failing: Lessons Learned from Suicide Experiences</p> <p><i>Addressing suicide continues to be a top priority for DoD. This panel discussion will provide overviews of recent reports from the Defense Health Board and the Department of the Army, as well as a survivor's and clinician's perspective on how suicide prevention efforts can be enhanced within the Department. At the end of this panel presentation, the participant will understand Service suicide prevention initiatives.</i></p>
8	<p>Successful Treatments: Complementary and Alternative Therapies for PTSD</p> <p><i>The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury was created to develop and disseminate best practices throughout the Department. At the end of this seminar, the participant will be familiar with view current evidence-based treatments for mental health conditions and will review approved complementary and alternative medicine approaches to treating PTSD and depression.</i></p>
9	<p>A Systems View of MHS Mental Health Services</p> <p><i>At the end of this session, the participant will be able to understand systemic influences on the MHS response to PTSD and the impact across DoD</i></p>

Track G: Engaging Patients
Track Champions: MG Kimberly Siniscalchi & ADM Tom McGinnis
AO: CDR Aileen Buckler

15

Track Description: Sessions will focus on encouraging and incentivizing patients and families to take a more active role in their health. Promoting a shift from “healthcare to health” by fostering the adoption of healthier lifestyles, particularly the reduction/elimination of tobacco and alcohol usage, increase in physical activity, and improvement in nutrition.

#	Session Name
1	<p>Substance Abuse Policy and Services in the MHS; Current State and the Way Ahead</p> <p><i>Substance Use in all its degrees is impacting military readiness and the health of our service members and their families. Prevention, assessment, and treatment services have matured, but must evolve to remain relevant. A Congressionally mandated program/policy review has been completed and the findings and future state is outlined in the session.</i></p>
2	<p>The Buzz on Two Social Marketing Campaigns: Don't Be That Guy; Quit Tobacco</p> <p><i>Two DoD social marketing campaigns use research for behavior change among junior enlisted personnel. That Guy uses humor and a virtual approach to reduce binge drinking; Quit Tobacco encourages role modeling and support to quit. Both campaigns use engaging social media channels, innovative tools and resources to engage target audiences.</i></p>
3	<p>Addressing the Challenges of a Smoke-Free U.S. Navy Submarine Force</p> <p><i>A recent study onboard US Navy Submarines found unacceptable levels of environmental tobacco smoke. Navy Medicine tobacco control SMEs were asked to help develop and provide resources to address removing smoked tobacco effective 01 Jan 2011. Information will be provided regarding the removal of smoked tobacco from U.S. Navy Submarines.</i></p>
4	<p>The DoD Role in Combating Childhood Obesity</p> <p><i>As it is nationally, childhood obesity is also a problem within the MHS system. A DoD Childhood Obesity Working Group was formed to address issues brought forth by the First Lady's office related to the Let's Move initiative. This session will discuss the goals and progress of the group</i></p>

Track G: Engaging Patients Continued

16

#	Session Name
5	<p>Building Trust in the Care Experience</p> <p><i>Positive interpersonal skills are a necessity, while understanding the promises we make and the expectations they create. We effectively integrate the complex components of today's care experience. Our goal is a Culture of Trust; where commitments are acknowledged and kept. Optimal patient experience is our core mission objective</i></p>
6	<p>Stitch in Time: Enabling Change Using Computers</p> <p><i>Naval Hospital Jacksonville automated the collection of data and printing of a Stitch in Time provider reminder to help focus preventive care for our patients at every clinic visit. The form consolidates information from multiple sources including CHCS, AHLTA, and the Population Health Navigator.</i></p>
7a	<p>Using Design to Make the Healthy Choice the Easy Choice – A Practical Workshop</p> <p><i>Patients make choices in an environment where many features, noticed and unnoticed, can influence their decisions. In this session we describe simple practical tools used to help “nudge” people to make better choices. The leading design firm IDEO will show examples of work done with the CDC and Kaiser Permanente that has helped people make better choices to change unhealthy behaviors or successfully manage chronic illnesses.</i></p>
7b	<p>Helping the Military Family Adopt Healthy Behaviors</p> <p><i>Guidance from the Chairman, Joint Chiefs of Staff, and the Deputy Secretary of Defense to promote health-of-the-force and job engagement led The Defense Centers of Excellence to develop an "Employee Wellness" program. This presentation addresses development of program, component selection, participation rates, and impact on employee families.</i></p>
8	<p>Can we really get our patients to change unhealthy behaviors?</p> <p><i>Overview of where current science is regarding patient change strategies, what works and what does not, and considerations for clinicians when deciding which change strategies to use given time constraints with patients.</i></p>
9	<p>Social Media as a Platform for Behavior Change</p> <p><i>Social media crosses health literacy barriers as well as the digital divide and represents a paradigm shift in patient/provider interaction with and utilization of health information. This session examines current research showing increased social media utilization for health information seeking across all demographics and how services such as Facebook and Twitter are becoming platforms for behavior change.</i></p>

Track H: The Patient Centered Medical Home
Track Champions: RADM Matthew Nathan and RADM Alton Stocks
AO: Dr. John Kugler and Dr. Kevin Dorrance

17

Track Description: Track sessions will provide valuable information on how the MHS is using and advancing the principles of the Patient Centered Medical Home (PCMH). The PCMH is a model of primary care delivery in which a provider-led team of healthcare professionals works together to provide for all of a patient's needs and not just for addressing the particular issue that brought the patient into the clinic on a particular day.

#	Session Name
1a	The MHS Patient Centered Medical Home Initiative: Overview of the history, current status and plan for the near and far future <i>This session will feature a detailed overview of the PCMH initiative, including history, current status and future course. It will include brief presentations/updates from the perspective of the three Services and HA/TMA. The MHS PCMH baseline analysis will be discussed and the future evaluation process will be mapped.</i>
1b	Population Health Management - A Critical Element of PCMH <i>Primary Care has traditionally focused on episodic care in a disease management model and ignores the important potential to prevent chronic conditions and improve the health of the population. We will define population health management, its role in the Medical Home and how it is achieved</i>
2	PCMH: Service Paths to the Same Destination (NCQA Standards) <i>NCQA PCMH recognition is awarded based on a score that evaluates 30 elements aligned to nine standards. The NCQA has identified ten of these elements as "must pass" to be recognized as a Level 2/3 PCMH. This session will focus on how service MTF's are achieving these standards through a variety of different ways to end up at the same destination.</i>
3	PCMH: Keys to success and lessons learned from the most successful civilian health care organizations <i>Representatives from successful civilian health systems will provide participants with insight, lessons learned and best practices identified from implementing the Patient Centered Medical Home within their own organization. Topics will revolve around: systems, operations, patient satisfaction, provider satisfaction, change management, leadership, and communication strategies.</i>
4	PCMH: Making Cultural Change Real -- Shifting Paradigms and Changing Roles

Track H: The Patient Centered Medical Home Continued

18

#	Session Name
5	Best Practices in Access to Care: How the most successful clinics are improving both access and continuity
6a	Identifying and Managing Your Enrolled Population -- a Roadmap for Success
6b	Getting enrollment right - perspectives from MHS and civilian health care systems <i>The patient enrollment process is a critical component of a successfully operating Patient Centered Medical Home in both the MHS and civilian setting. Representatives from the MHS and successful civilian organizations will discuss the implications of a failed enrollment process and provide specific insight on how getting enrollment right will increase patient satisfaction, coordination and quality of care, and reduce cost.</i>
7	Behavioral Health in the Patient Centered Medical Home (PCMH): An Important Part of Meeting the Quadruple Aim and Achieving Level II & III NCQA PCMH Recognition <i>Session will review RESPECT-Mil implementation. Detail how integration of behavioral health providers (BHPs) and Care Facilitators (CFs) in the PCMH supports the Quadruple Aim. Review current status and funding for BHPs/CFs in the PCMH. Discuss the role of BHPs/CFs in assisting clinics with attainment of level II and III NCQA recognition.</i>
9	The Patient as Partner -- Putting the Patient on Your Care Team <i>Dave deBronkhardt brings a vivid, personal story of how he, along with his physician and health care team, responded to a grim diagnosis and helped share a new model of patient-provider partnership; one of true equals, one leading to a revolution in patient care.</i>
8	Update on the DoD/VA Evidenced Working Group activities and Clinical Practice Guideline activities in direct support of the providers and staff in the PCMH <i>This session will provide an overview of the most recent DoD/VA Evidenced Working Group activities which have been in direct support of primary care providers in various settings. Specifically, the session will review the most recently updated clinical practice guidelines (CPG), toolkits, and other guideline support materials for providers and clinic staff. The process of CPG selection, prioritization and development will be discussed and recent examples will be illustrated.</i>

Track I: Experience of Care: Improving Quality and Safety
Track Champions: BG Mark A. Ediger and RADM Colin Chinn
SMWG AO: Ms. Lois Krysa

Track Description: Our beneficiaries expect that the MHS holds itself to the highest standards of safety, efficacy and evidence-based care. We achieve success when our hospitals, clinics and civilian physician and hospital partners demonstrate outstanding quality and make their outcomes public. Track sessions will look to identify how the MHS is developing a culture of safety by learning from mistakes, reporting events, and measuring/reporting key patient safety performance indicators.

#	Session Name
1	When You Can't Vote Them off the Island - Promoting Professional Conduct Within Your Team: A World Café Dialogue <i>Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is a system designed to improve the quality, safety and efficiency of health care. The session provides an interactive demonstration of numerous materials and the training curricula necessary to successfully integrate teamwork principles into a health care system</i>
2	Successful intervention to Reduce Ventilator Associated Pneumonia: One MTFs Experience <i>The processes used to reduce the rate of VAP from the implementation of a VAP Reduction Team consisting of physicians, respiratory therapists, ICU nurses and infection control through a variety of interventions. The session also provides information on how implementation of the Comprehensive Unit-based Safety Program (CUSP) helped change the culture in ICU.</i>
3	Health Services Research : Access to Healthcare <i>This session will provide the results of enterprise wide analyses of access to, and provider acceptance of, the TRICARE Standard and Extra benefit in private sector care. Results of the Congressionally-directed survey of civilian provider acceptance of TRICARE Standard and Extra and a companion survey of our beneficiaries will be presented, including preliminary discussion on the relationship of beneficiary satisfaction and access to care standards</i>
4	Healthcare Utilization and Cost Associated with Clusters of Chronic Conditions <i>Complex conditions increase costs of care and utilization for the MHS. The results of studies examined prevalence, utilization and estimated costs of multiple chronic conditions among TRICARE beneficiaries, age 18-64. The management of multiple chronic conditions supports the need for patient-managed care.</i>

Track I: Experience of Care: Improving Quality and Safety Continued

#	Session Name
5	<p>Evidence-Based Design of Facilities: Enhancing the Look, Feel, Safety and Quality of the Patient Experience</p> <p><i>Dewitt Health Care Network and the National Military Medical Center at Bethesda share the experiences of evidence-based design in the planning and construction of new facilities. These facilities include patient centric designs for comfort, relaxation, and healing.</i></p>
6	<p>Healthcare Quality and Patient Safety Innovations: Lessons from the Field</p> <p><i>Winners of healthcare innovation awards based on readiness, experience of care, population health and responsible management of health care costs will present their innovations. Patient safety awards are given in the areas of Teamwork Training and Skill Building, Identification and Mitigation of Risks and Hazards, Culture Measurement, Feedback, and Intervention.</i></p>
7	<p>A Dynamic Behavioral Health Clinical Quality Management System for the MHS</p> <p><i>The behavioral health clinical quality management system (QMS) is influenced by legislative history, DoD policy, and a dichotomized direct and purchased care system. This session addresses the essential elements of a comprehensive QMS, credentialing, and scopes of practice relevant to the Institute of Medicine recommendations.</i></p>
8	<p>The Patient Safety Reporting System (PSR)</p> <p><i>The session provides an overview of PSR, currently in deployment across the MHS. PSR captures both medication and non-medication patient safety events including near misses using a standard taxonomy. Use of a standardized tool across the enterprise enables more complete event capture, analysis, trending and identification of areas for improvement</i></p>
9	<p>MHS Enterprise-Wide Surveys: Now and in the Future</p> <p><i>This panel will discuss how beneficiaries rate various aspects of their direct and purchased health care services, and provide comparison to private sector care users. Attendees will be able to differentiate different aspects of health care surveyed, including inpatient, outpatient and transition care for our wounded, ill and injured Service members</i></p>

Track J: Effective Care Coordination
Track Champion: Dr. Jack Smith, RADM Elizabeth Niemeyer
AO: **RANK** Dave Tarentino, Francine Forestell

21

Track Description: Sessions should focus on how we achieve success when Service members and their families tell us we have been fair, compassionate and competent in delivering fully integrated services between military, VA and civilian hospitals especially during transitions in care. For those Service members with severe injury or illness, the MHS must enable a fair disability evaluation and carefully coordinated care that facilitates transition to the next phase of life.

#	Session Name
1a	<p>Why Are Effective Handoffs Critically Important?</p> <p><i>This overview describes the process of care handoffs between providers (e.g. at shift change), across clinics, across venues of care, between direct and purchased care, across the DoD and VA and, finally, in the most complex social and medical situations. This session's discusses the disability evaluation system (DES) as a case example because successful management of the DES requires so many effective handoffs.</i></p>
1b	The Family's Role in Care Coordination and Effective Communication
2	How Individualized Care Plans Help Connect Patients, Their Families, and Their Care Teams
3	<p>New Emerging Technology Clinical Trials Participation—Policy and Processes</p> <p><i>This session describes the process and requirements for seriously wounded or injured active duty service members and retirees to obtain a waiver from the Assistant Secretary of Defense (Health Affairs) to participate in clinical trials, such as hand transplants, where the Department of Defense has a research or partnership agreement.</i></p>
4	<p>Wounded Warriors Face Special Challenges; Care Coordination is a Key to Success.</p> <p><i>Part 1: The Patient Perspective: A panel of Wounded Warriors discusses successes, lessons learned, and recommendations for process improvement, based on their care coordination experiences, within the direct-care system and upon handoff when discharged from the MTF or transferred to another facility or healthcare system.</i></p> <p><i>Part 2: The Service Perspective: A panel of Service and JTF CAPMED staff discusses each Service's Wounded Warrior Program. They identify unique aspects that must be maintained, and the potential for program commonalities to be used in subsequent development of best Practices across the spectrum of care.</i></p>

Track J: Effective Care Coordination Continued

#	Session Name
5	Care of the Service Member with Multiple Limb Loss: Lessons Learned (Part 1 of 2) <i>Since military operations began in Iraq and Afghanistan, over 1,100 service members sustained a major limb amputation—20% of them losing more than one limb. This unique group of patients require specialized medical, surgical and rehabilitative care, utilizing the latest advances in technology to help promote successful return to duty and community reintegration.</i>
6	Care of the Service Member with Multiple Limb Loss: Lessons Learned (Part 2 of 2)
7	The Capacity Model in Orthopedic Trauma <i>As the Military Health Care System continually balances its multiple missions, its first priority must always be to provide safe and effective patient care. Understanding the variables that affect a military treatment facility's capacity helps healthcare leaders optimize care programs and influence the medical regulation of military trauma patients.</i>
8	Patient Handoffs In Hospital Settings – Keys to Success <i>Teams at several Kaiser Permanente hospitals were able to reduce the number of ineffective patient handoffs by over 50% by implementing simple, yet innovative, process improvements. Several case studies with practical and wide applicability will be highlighted along with lessons learned.</i>
9	Disability Evaluation System (DES) Update <i>This session describes the current status of recent changes in the Disability Evaluation System (DES). It compares the legacy DES to the Integrated DES (formerly known as the Pilot DES). It covers improvements designed to reduce the time involved in claims adjudication to better support wounded warriors and their families, and improve the consistency of the process across the Services.</i>

Track Description: Sessions will provide innovative strategies, initiative updates and actionable recommendations that participants can leverage to help manage and reduce costs through the reduction of business process variation

#	Session Name
1	<p>Patient Centered Medical Home Strategy , Incentives and Fiscal Results</p> <p><i>Does PCMH impact the fiscal bottom line? This Service and TRO panel will discuss how their PCMH programs are being implemented and resourced as well as the effects or anticipated effects on costs.</i></p>
2	<p>A View from the Top - Leadership Dialogue on the Financial Future of the MHS</p> <p><i>The current and projected financial status of the MHS - where are we and where are we going? What is on the horizon with health care reform?</i></p>
3	<p>Aligning incentives with the quadruple aim - early results from the Performance Planning Pilots</p> <p><i>Come and learn about: What determines your PPS allocation? Where is the PPS going in this dynamic era of health care reform? How financial processes can support strategic imperatives.</i></p>
4	<p>The Emergency Department Epidemic: Scope and Intervention Strategies (part 1)</p> <p><i>The study reviewed administrative data in assessing determinants contributing to increased civilian emergency rooms utilization in the Tidewater Multiservice Market. Variables included: beneficiary enrollment, resident zip codes, avoidable ER diagnoses, assigned PCM, and multivariable interactions. These determinants suggest the value of a Market approach when collaborating with multiple stakeholders.</i></p>

Track K: Improving Effectiveness, Managing Per Capita Costs Continued

#	Session Name
5	<p>The Emergency Department Epidemic: Scope and Intervention Strategies (part 2)</p> <p><i>The emergency department usage is at epidemic levels in both the military and civilian health care systems. In this presentation you'll receive an overview of the problem's extent in the civilian sector and some systems are doing to address it.</i></p>
6	<p>Managing Per Member Per Month (PMPM) expenses at Military Treatment Facilities: Findings regarding variation and the drivers of increasing cost</p> <p><i>Your MTF is rising in PMPM. What is causing it? This session will provide information on the rising PMPM costs characteristic in the MHS and how to conduct a drill-down analysis to determine causes.</i></p>
7	<p>Process improvement success stories:</p> <p>Part 1: Optimizing Third Party Collections Part 2: Optimizing Referral Management in a Multi-Service Market</p> <p><i>Part 1: Having trouble with third party collections? In 2006, Tripler's billed to collected ratio was only 41%. So Tripler undertook a critical examination of its revenue cycle process and how it could be re-engineered. Come learn about the processes Tripler employed to increase its third party collections by \$3,789,945.</i></p> <p><i>Part 2: Appropriately managing referrals to multiple MTFs and the private sector care system is extremely complex....and very important! This presentation will provide an overview of how a multiservice market is succeeding in referral management.</i></p>
8	<p>Process improvement success stories : Impacting PMPM Through Strong Clinical Management</p> <p><i>Strong clinical management intrinsic with decreasing variation has an impact on PMPM. Come learn about Kaiser's clinical management program and how it has effected its bottom line.</i></p>
9	<p>Multimarket Analysis: A Case Study & Applicability to Other Markets</p> <p><i>The authors review a Multi Service Market's longitudinal data in devising a tractable econometric model when planning for optimal health care delivery. Their comprehensive analysis of panel data suggests a practical approach in addressing the elasticity of demand for approximately 574,000 beneficiaries in the National Capital Area.</i></p>

Track L: TRICARE Contracts -- Now and in the Future
Track Champion: Mr. Mike O'Bar and Mr. Thresher
AO: Martha Taft, Martha Lupo

Track Description: A review of the TRICARE program over the life of the health care support contracts with a focus on transition issues, the current operational environment and remaining challenges. These sessions include updates on pharmacy, dental and Reserve Component programs as well as a look at pending policy changes, culminating in a strategic view of military healthcare in the future.

#	Session Name
1	<p>CLR: Planning and Implementation for T3</p> <p><i>The responsibility for retrieving consultation results from network providers becomes the responsibility of the MTF in T3. The session will focus on how the course of action, relevant policy, staffing and IT solutions were developed to guide this process and provide insight into how the CLR process is actually standing up in the North region.</i></p>
2	<p>Transition to T3: Lessons Learned in North Region</p> <p><i>The T3 contract is actively transitioning in the North Region with a start of health care delivery date of 1 April 2010. North is one of three regions actively transitioning at this time and therefore provides important insights and lessons learned for those regions to follow.</i></p>
3	<p>Review of Guard and Reserve healthcare programs: TRICARE Reserve Select and TRICARE Retired Reserve</p> <p><i>These two programs for the Guard and Reserves will be described in detail, with analysis of the basic benefit, utilization by beneficiaries and challenges of program management.</i></p>
4	<p>TRICARE Pharmacy Programs</p> <p><i>The new TRICARE Pharmacy contract began in 2010. Major aspects of the current program will be discussed as well as performance to date.</i></p>

Track L: TRICARE Contracts -- Now and in the Future Continued

#	Session Name
5	<p>TRICARE Dental Programs</p> <p><i>The new TRICARE Dental Program for the active duty was initiated this year. Major aspects of the program will be discussed as well as performance to date.</i></p>
6	<p>Tricare Overseas Contract: Operational aspects of the new contract and transition lessons learned</p> <p><i>The new TRICARE Overseas contract began this last September. It consolidated much of the contracted care and services for beneficiaries overseas. Major aspects of the contract will be discussed as well as challenges and performance to date.</i></p>
7	<p>TRICARE and National Health Reform to include new TRICARE benefits in NDAA 2010 and anticipated benefits in NDAA 2011</p> <p><i>The relevant impacts of health care reform and benefit changes in NDAA 2010 and those changes anticipated in NDAA 2011 will be discussed.</i></p>
8	<p>Sequencing of benefits/programs as soldiers mobilize and demobilize.</p> <p><i>The sequencing of healthcare benefits and programs for Reservists mobilizing and demobilizing can be complicated and confusing. The speaker will detail how the soldier and family members are supported as they move through mobilization and later demobilization.</i></p>